

Modification of a Full Power AM Station License Application (302-AM)
Facility ID: | Call Sign:

General Information

** indicates required field*

Application Description

Description of the application(255 characters max.) is visible only to you and is not part of the submitted application. It will be displayed in your Applications workspace.

Uploaded Attachments

* Are attachments (other than associated schedules) being filed with this application?

☐ Yes ☐ No [« Clear](#)

Cancel

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Fees, Waivers and Exemptions

** indicates required field*

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Fees

* Is the applicant exempt from FCC application Fees?

☐ Yes ☐ No [« Clear](#)

* Is the applicant exempt from FCC regulatory Fees?

☐ Yes ☐ No [« Clear](#)

Waivers

* Does this filing request a waiver of the Commission's rule(s)?

☐ Yes ☐ No [« Clear](#)

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Modification of a Full Power AM Station License Application (302-AM)
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Applicant Information

* indicates required field

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Applicant Name and Type

* Applicant Type:

* Company Name:

Applicant Information

Attention To:

* Country:

PO Box:

Either PO Box or Address Line 1 is required.

* Address Line 1:

Address Line 2:

* City:

* State:

* Zip Code:

* Phone:

* Email:

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Modification of a Full Power AM Station License Application (302-AM)
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Contact Representatives

* Indicates required field

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Contact Type

* Please select the contact type:

- ☒ Legal Representative
☐ Technical Representative
☐ Other

Contact Name

* First Name:	<input type="text"/>
Middle Name:	<input type="text"/>
* Last Name:	<input type="text"/>
Suffix:	<input type="text"/>
Title:	<input type="text"/>
* Company Name:	<input type="text"/>

Contact Information

Attention To:	<input type="text"/>
* Country:	<input type="text" value="United States"/>
PO Box:	<input type="text"/>
<small>Either PO Box or Address Line 1 is required.</small>	
* Address Line 1:	<input type="text"/>
Address Line 2:	<input type="text"/>
* City:	<input type="text"/>
* State:	<input type="text" value="Select..."/>
* Zip Code:	<input type="text"/>
* Phone:	<input type="text"/>
* Email:	<input type="text"/>

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Approved by OMB

3060-0627

Estimated time per response – 1 to 2 hours

Modification of a Full Power AM Station License Application (302-AM)

Facility ID: Call Sign:

Legal Certifications

* indicates required field

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Character Issues

* Applicant certifies that neither applicant nor any party to the application has or had any interest in, or connection with: (a) any broadcast application in any proceeding where character issues were left unresolved or were resolved adversely against the applicant or party to the application; or (b) any pending broadcast application in which character issues have been raised.

☐ Yes ☐ No [Clear](#)

Adverse Findings

* Applicant certifies that, with respect to the applicant and any party to the application, no adverse finding has been made, nor has an adverse final action been taken by any court or administrative body in a civil or criminal proceeding brought under the provisions of any law related to the following: any felony; mass media-related antitrust or unfair competition; fraudulent statements to another governmental unit; or discrimination.

☐ Yes ☐ No [Clear](#)

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Approved by OMB

3060-0627

Estimated time per response – 1 to 2 hours

Modification of a Full Power AM Station License Application (302-AM)

Facility ID: 48726 | Call Sign: WDBO

Frequency and Facility Information

** indicates required field*

Filing Type

Select filing type:

- ☐ Station Re-License per Method of Moments
- ☐ Direct Measurement of Power
- ☐ Correction of Coordinates
- ☐ Other
- ☐ « Clear

Proposed Community of License

State: Florida

City: Orlando

Facility Information

Frequency: 580 kHz

Service Type: Main

* Facility Type ☒ Commercial
☐ Noncommercial Educational

Selected Class: B

Modes/Hour of Operation

* Application applies to:

- ☐ Daytime
- ☐ Nighttime
- ☐ Critical Hours (Only if different than Daytime)
- ☐ Unlimited (Only if the same facility for Daytime and Nighttime)

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Modification of a Full Power AM Station License Application (302-AM)
Facility ID: 48726 | Call Sign: WDBO

Antenna Non-Directional Data - Daytime

* Indicates required field

Parameters

* Nominal Power: kW

* Antenna Input Power: kW

* RF common point or antenna current without modulation: Amperes

* Measured antenna or common point resistance at operating frequency: Ohms

Provide the geographic coordinates to the nearest tenth of a second.

* Latitude: DD MM SS.S Direction
 N+ ▾

* Longitude: DDD MM SS.S Direction
 W- ▾

* Excitation: ☒ Series
☐ Other

Tower Data

ASRN No.	Overall height of radiator (m)	AGL w/o obstruction lighting (m)	AGL with obstruction lighting (m)	Tower Type
1019249	134.11	<input type="text"/>	<input type="text"/>	Neither

Tower Description

Attach as an exhibit, a description of the tower (uniform cross section, guyed, top-loaded, or such) with details, dimensions and information regarding any other antennas mounted on the tower.

⚠ Please upload the required attachment.

Ground System Description

Attach as an exhibit, a complete description of the ground system.

⚠ Please upload the required attachment.

Antenna or Common Point Resistance

Attach as an exhibit, reasons for any change in antenna or common point resistance, if applicable.

⚠ Please upload the required attachment.

Antenna Performance

* Proof of Performance: ☐ Moment Method
☐ Field Strength
☒ Not Applicable

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Modification of a Full Power AM Station License Application (302-AM)
Facility ID: Call Sign:

Antenna Directional Data - Nighttime

* Indicates required field

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Parameters

* Nominal Power:	<input type="text"/>	kW
* Antenna Input Power:	<input type="text"/>	kW
* RF common point or antenna current without modulation:	<input type="text"/>	Amperes
* Measured antenna or common point resistance at operating frequency:	<input type="text"/>	Ohms
Provide the geographic coordinates of the center of the directional array to the nearest tenth of a second.		
* Latitude:	DD <input type="text"/> MM <input type="text"/> SS.S <input type="text"/>	Direction <input type="text" value="N+"/>
* Longitude:	DDD <input type="text"/> MM <input type="text"/> SS.S <input type="text"/>	Direction <input type="text" value="W-"/>
* Excitation:	<input checked="" type="radio"/> Series <input type="radio"/> Other	
* Antenna Monitor Manufacturer:	<input type="text"/>	
* Antenna Monitor Type:	<input type="text"/>	

Tower Data

Tower	Antenna monitor current sample or voltage sample ratio	Antenna monitor phase indication (degree)	ASRN No.	Overall height of radiator (m)	AGL w/o obstruction lighting (m)	AGL with obstruction lighting (m)	Tower Type
1	<input type="text"/>	<input type="text"/>	1020490		<input type="text"/>	<input type="text"/>	Neither
2	<input type="text"/>	<input type="text"/>	1019249		<input type="text"/>	<input type="text"/>	Neither


Tower Description

Attach as an exhibit, a description of the towers (uniform cross section, guyed, top-loaded, or such) with details, dimensions and information regarding any other antennas mounted on the tower.

 Please upload the required attachment.

Ground System Description

Attach as an exhibit, a complete description of the ground system.


 Please upload the required attachment.

Antenna or Common Point Resistance

Attach as an exhibit, reasons for any change in antenna or common point resistance, if applicable.

 Please upload the required attachment.

Antenna Performance

* Proof of Performance:	<input checked="" type="radio"/> Moment Method <input type="radio"/> Field Strength <input type="radio"/> Not Applicable
* Explanation of Model:	Attach as an exhibit, an engineering statement describing the techniques and software used in the moment method model. Include a complete description of the sampling system and related measurements. If base sampling is specified, an exhibit of the circuit model must be provided. A tower survey certification must also be included unless the station is exempt per Section 73.151(c)(1)(ii). The station must meet all the requirements specified in Section 73.151.  Please upload the required attachment.
* Description of Sampling System:	<input checked="" type="radio"/> Current Sampling <input type="radio"/> Voltage Sampling <input type="radio"/> Side Mounted Loop <input type="radio"/> Other
* Sampling System Certification:	Applicant certifies that the sampling system complies with the acceptability criteria of Section 73.68. <input checked="" type="radio"/> Yes <input type="radio"/> No

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Modification of a Full Power AM Station License Application (302-AM)
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License Certifications

** Indicates required field*

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Correcting Coordinates

* Is this application being filed to correct coordinates, as authorized by 47 CFR Section 73.1690(c)(11)?

☐ Yes ☐ No [Clear](#)

Change in License Status

* Is this application being filed to authorize a change in license status from commercial to non-commercial or from non-commercial to commercial, pursuant to 47 CFR Section 73.1690(c)(9)?

☐ Yes ☐ No [Clear](#)

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Modification of a Full Power AM Station License Application (302-AM)
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Application Summary

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Please review your application before submitting.
You have provided information in all the categories listed under the Application Sections. Use the links under the Application Sections to go back and review your application. Make any corrections as necessary. Once you are confident that the application is ready for certification and submission, click on the "Continue to Certify" button below.

This application is incomplete or contains errors.
Please use the links under Application Sections to view and correct them.

General Information

Application Purpose: Modification of a Full Power AM Station License Application (302-AM)

Attachments

You have 3 files that will be submitted with this application.

[View Attachments](#) »

Fees, Waivers, and Exemptions

Exempt from FCC Application Fees?
Exempt from FCC Regulatory Fees?

Applicant Information

Name:
Title:
Address:

Phone:
Email:

Contact Representatives

Name:
Title:
Address: United States
Phone:
Email:
[View All Contact Representatives \(2\)](#) »

Channel and Facility Information

Community of License City:
Community of License State:
Facility Type:
Station Class:

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Modification of a Full Power AM Station License Application (302-AM)
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Certification

* Indicates required field

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General Certification Statements

The Applicant waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power of the United States because of the previous use of the same, whether by authorization or otherwise, and requests an Authorization in accordance with this application (See Section 304 of the Communications Act of 1934, as amended.).

The Applicant certifies that neither the Applicant nor any other party to the application is subject to a denial of Federal benefits pursuant to §5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. § 862, because of a conviction for possession or distribution of a controlled substance. This certification does not apply to applications filed in services exempted under §1.2002(c) of the rules, 47 CFR. See §1.2002(b) of the rules, 47 CFR § 1.2002(b), for the definition of "party to the application" as used in this certification § 1.2002(c).

The Applicant certifies that all statements made in this application and in the exhibits, attachments, or documents incorporated by reference are material, are part of this application, and are true, complete, correct, and made in good faith.

Authorized Party to Sign

FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID

Upon grant of this application, the Authorization Holder may be subject to certain construction or coverage requirements. Failure to meet the construction or coverage requirements will result in automatic cancellation of the Authorization. Consult appropriate FCC regulations to determine the construction or coverage requirements that apply to the type of Authorization requested in this application.

WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. Code, Title 18, §1001) AND/OR REVOCATION OF ANY STATION AUTHORIZATION (U.S. Code, Title 47, §312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, §503).

I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.

* Indicates required field

Date: 06/29/2023

* First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Attachments: ☐ I certify that this application includes all required and relevant attachments.

[Submit Application](#)